

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3							53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9	1						59								
10		1					60								
11		1					61								
12	1						62								
13		1					63								
14		1					64								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	18						TOTAL DEP.								
TOTAL CLAIMS	21						TOTAL CLAIMS								